

APPLICATION FOR REGISTRATION –Access this form via website at: www.hawaii.gov/dcca/pvl**APPRENTICE ELEVATOR MECHANIC**Instruction for Filing

- 1) Complete Section 1 in dark ink. Please print legibly.
- 2) Have the Supervising Elevator Mechanic or the Responsible Managing Employee (RME) complete Section 2.
- 3) **Attach** the fee of \$100 (Appl - \$40 + Permit – \$60). Make check payable to: **COMMERCE & CONSUMER AFFAIRS**. (Note: A \$15.00 service fee will be charged for checks which are returned by the bank.)
- 4) Mail to:
Elevator Mechanic Licensing Board or
DCCA, PVL, Licensing Branch
P.O. Box 3469
Honolulu, HI 96801
 Deliver to office location at:
335 Merchant St., Room 301
Honolulu, HI 96813

FOR OFFICE USE

APPROVED DENIED Initials/date

Date Registered

Reg. No.
EVA -

Date Mailed

SECTION 1 To be completed by applicant	Name (First-Middle)	(LAST)	Circle or underline answers and explain if needed: 1) Are you at least 18 years of age? YES NO 2) Are you a U.S. citizen, U.S. national, or an alien authorized to work in the United States? YES NO 3) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? YES NO (if "yes" provide information on the date, place, and type of conviction on a separate sheet.)
	Mailing Address (Include apt. no., city, state and zip code):		
	Social Security No.	Phone No. (days)	
SECTION 2 To be completed by Supervising Elevator Mechanic/RME Of Contracting firm	Name & Address of Employer		Date of Employment
	Description of duties to be performed by the apprentice: • Failure to provide the requested information will result in this form being returned to you for completion.		
	<input type="checkbox"/> I certify that the statements contained in Section 2 of this application are true and correct and that I will provide direct or general supervision of all work performed by the apprentice. (Elevator Mechanic)		
	<input type="checkbox"/> I certify that the statements contained in Section 2 of this application are true and correct and that I will insure that a licensed elevator mechanic shall provide direct or general supervision of all work performed by the apprentice. (RME)		
		Date	Signature of Elevator Mechanic/RME Lic. No. (EVM/RME) - _____

Certification of Applicant:

I hereby certify that the answers and statements contained in this application are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of apprentice registration (Section 710-1017, Hawaii Revised Statutes.)

Date

Signature of Applicant

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

EM-04 0504R

Appl/Permit	202	\$100
Service Fee	BCF	\$15